

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002961

1. Entity Name

OUTSIDE THE WALLS RESCUE MISSION FOR THE HOMELES

Principal Place of Business

1098 OLD POLK CITY ROAD
HAINES CITY FL 33844

Mailing Address

P.O. BOX 3081
WINTER HAVEN FL 33885

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3708559

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAY, JUANITA
2001 SAN MARCO DR SE #1
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reappointing)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PO
CLAY, JUANITA
2001 SAN MARCO DR SE #1
WINTER HAVEN FL 33881 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
MARSHALL, MELISSA
1817 CRYSTAL PARK CIRCLE
LAKELAND FL 33801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
BENNETT, CELINA
2109 NE 3RD STREET, APT B
LAKELAND FL 33602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
COOPER, BEVERLY
1210 AVENUE N
HAINES CITY FL 33844 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
Kia McNeal
2109 NE 3rd St Apt # B
Haines City FL 33844 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
Raymond Clay Jr
2001 San Marco Dr SE #1
Winter Haven FL 33881 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

863-291-4273

Daytime Phone #

200004375602--0

-05/21/01--90374--049

****140.50 *****70.00